

**Arkansas State Board of Chiropractic Examiners
Renewal License Application for Chiropractic Physicians**

2008

- ☐ \$200.00 In-State Active Renewal
☐ \$125.00 Out-of-State Active Renewal
☐ \$25.00 In-State Inactive Renewal

Total fees enclosed: \$ _____

Renewal deadline is December 31

Name		SSN	
Mailing address			
City		State	
		Zip	
		County	
Telephone			Fax
Email			

Have you been convicted of a felony? _____ If yes, please attach copy of conviction or plea.

PENALTY: \$200.00 IF POSTMARKED AFTER DECEMBER 31-MUST BE INCLUDED WITH RENEWAL FEE. Failure to renew by December 31 means your license shall automatically expire and be forfeited. An individual who submits an application more than sixty days (60) after the license expiration date is subject to all requirements governing new applicants under the Arkansas Chiropractic Practices Act.

If you are actively engaged in the practice of Chiropractic, Arkansas Code Ann. §17-81-311 requires that you present the Board with evidence of attendance during the preceding 12 months at educational seminars of not less than 24 hours for doctors licensed and practicing in Arkansas (for doctors practicing out-of-Arkansas, the educational requirements of their state or country will be accepted, not less than 12 hours), conducted by a chiropractic institution of learning, or by an association approved by the Board for the teaching of scientific courses pertaining to the profession, or an educational course conducted by the Board.

Please attach all continuing education programs/courses documentation.

I hereby certify that information on this page and on any attachments is true and correct.

Signature

License No.

Date

Please return this original form and attachments, and make checks or money orders payable to:

Arkansas State Board of Chiropractic Examiners
101 East Capitol, Suite 209
Little Rock, AR 72201
501-682-9015 v 501-682-9016 f
www.arkansas.gov/asbce

Please make a copy of this renewal application along with your CE and keep for your files.

Note: A \$32.00 fee will be charged for any returned check.

For Office Use Only

Check/MO _____
\$ _____